

| | | | |
|--|-----------------------|---------------|-------------------------|
| Operator Project | Postmark | Date Received | Notification |
| I. TYPE OF NOTIFICATION (O = Original / R = Revised) | | O | |
| II. FACILITY INFORMATION (identify owner, removal contractor, and other operator) | | | |
| OWNER: | Eastman Kodak Company | | |
| Address: | 2400 Mt. Read Blvd. | | |
| City: | Rochester | State: | New York |
| Contact: | Timothy Caufield | Zip: | 14650-3013 |
| | | Tel: | (585) 722-2525 |
| REMOVAL CONTRACTOR: | AAC Contracting Inc. | | |
| Address: | 175 Humbolt St | | |
| City: | Rochester | State: | New York |
| Contact: | Craig Everhart | Zip: | 14609 |
| | | Tel: | (585) 527-8000 ext. 122 |
| OTHER OPERATOR: | | | |
| Address: | | | |
| City: | | State: | |
| Contact: | | Zip: | |
| | | Tel: | |
| III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R | | | |
| IV. IS ASBESTOS PRESENT? (yes/no): YES | | | |
| V. FACILITY DESCRIPTION (include building name, number and floor or room number): | | | |
| Bldg. Name: | Kodak Park | Floor | Room |
| Address: | 1669 Lake Ave. 14652 | | |
| Address: | B - 350 | | |
| City: | Rochester | State: | New York |
| | | County: | Monroe |
| Site Location: | | | |
| Building Size: | Sq. Ft: | 435,129.24 | # of Floors: |
| Present Use: | Age in Years: | 38 | Prior Use: |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis. | | | |
| VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: | | | |
| | RACM to be Removed | Category I | Category II |
| Pipes - Linear Feet | 1000 | | |
| Pipes - Linear Meters | | | |
| Surface Area - Square Feet | 1000 | | |
| Surface Area - Square Meters | | | |
| Volume RACM off Facility Component-Cubic Feet | | | |
| Volume RACM off Facility Component-Cubic Meter | | | |
| VIII. SCHEDULED DATES OF ASBESTOS REMOVAL | | | |
| | Start: | 1/2/2015 | Completion: 12/31/2015 |
| IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: | | | |
| | Start: | | Completion: |
| X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56. | | | |
| XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT | | | |

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

| | | | |
|-----------------|----------------------------|------------|----------------|
| Name: | Waste Management Rochester | | |
| Address: | 1661 Mt. Read Blvd. | | |
| City: | Rochester | State: | New York |
| | | Zip: | 14606 |
| Contact Person: | Sue Rossi | Telephone: | (585) 254-7574 |

WASTE TRANSPORTER #2

| | | | |
|-----------------|--|------------|--|
| Name: | | | |
| Address: | | | |
| City: | | State: | |
| | | Zip: | |
| Contact Person: | | Telephone: | |

XIII. WASTE DISPOSAL SITE

| | | | |
|------------|--------------------|--------|----------|
| Name: | Mill Seat Landfill | | |
| Address: | 303 Brew Rd. | | |
| City: | Bergen | State: | New York |
| | | Zip: | 14416 |
| Telephone: | | | |

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

| | | | |
|---------------------------|--|------------------------|--|
| Name: | | Title | |
| Authority: | | | |
| Date if Order (MM/DD/YY): | | Date Ordered to Begin: | |

XV. FOR EMERGENCY RENOVATIONS

| | |
|--|--|
| Date and Hour of Emergency (MM/DD/YY): | |
| Description of the Sudden, Unexpected Event: | |

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Canfield
Signature of Owner/Operator

December 15, 2014
Date

| | | | |
|--|----------------------------------|---------------|-------------------------|
| Operator Project | Postmark | Date Received | Notification |
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| City: | Rochester | State: | New York |
| Contact: | Timothy Caufield | Zip: | 14650-3013 |
| | | Tel: | (585) 722-2525 |
| REMOVAL CONTRACTOR: | AAC Contracting Inc. | | |
| Address: | 175 Humbolt St. | | |
| City: | Rochester | State: | New York |
| Contact: | Craig Everhart | Zip: | 14609 |
| | | Tel: | (585) 527-8000 ext. 122 |
| OTHER OPERATOR: | | | |
| Address: | | | |
| City: | | State: | |
| Contact: | | Zip: | |
| | | Tel: | |
| III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R | | | |
| IV. IS ASBESTOS PRESENT? (yes/no): YES | | | |
| V. FACILITY DESCRIPTION (include building name, number and floor or room number): | | | |
| Bldg. Name: | Kodak Park | Floor | Room |
| Address: | 1669 Lake Ave. 14652 | | |
| Address: | exterior air lines between bldgs | | |
| City: | Rochester | State: | New York |
| | | County: | Monroe |
| Site Location: | | | |
| Building Size: | Sq. Ft: | # of Floors: | Sq. Meter |
| Present Use: | Age in Years: | Prior Use: | |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis. | | | |
| VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: | | | |
| | RACM to be Removed | Category I | Category II |
| Pipes - Linear Feet | 12000 | | |
| Pipes - Linear Meters | | | |
| Surface Area - Square Feet | 2000 | | |
| Surface Area - Square Meters | | | |
| Volume RACM off Facility Component-Cubic Feet | | | |
| Volume RACM off Facility Component-Cubic Meter | | | |
| VIII. SCHEDULED DATES OF ASBESTOS REMOVAL | | | |
| | Start: | Completion | |
| | 1/2/2015 | 12/31/2015 | |
| IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: | | | |
| | Start: | Completion | |
| X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56. | | | |
| XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT | | | |

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

| | | | |
|-----------------|------------------------------|------------|----------------|
| Name: | Waste Management - Rochester | | |
| Address: | 1661 Mt. Read Blvd. | | |
| City: | Rochester | State: | New York |
| | | Zip: | 14606 |
| Contact Person: | Sue Rossi | Telephone: | (716) 254-7574 |

WASTE TRANSPORTER #2

| | | | |
|-----------------|--|------------|--|
| Name: | | | |
| Address: | | | |
| City: | | State: | |
| | | Zip: | |
| Contact Person: | | Telephone: | |

XIII. WASTE DISPOSAL SITE

| | | | |
|------------|----------------------|--------|----------|
| Name: | Mill Street Landfill | | |
| Address: | 303 Brew Rd. | | |
| City: | Bergen | State: | New York |
| | | Zip: | 14416 |
| Telephone: | | | |

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

| | | | |
|---------------------------|--|------------------------|--|
| Name: | | Title | |
| Authority: | | | |
| Date if Order (MM/DD/YY): | | Date Ordered to Begin: | |

XV. FOR EMERGENCY RENOVATIONS

| | |
|--|--|
| Date and Hour of Emergency (MM/DD/YY): | |
| Description of the Sudden, Unexpected Event: | |

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER.

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Timothy C. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

| | | | | | | | |
|--|--|------------------------------------|--|--------------------|--|------------------------------|--|
| Operator Project | | Postmark | | Date Received | | Notification | |
| I. TYPE OF NOTIFICATION (O = Original / R = Revised) | | | | O | | 2015.12.21.43035 | |
| II. FACILITY INFORMATION (identify owner, removal contractor, and other operator) | | | | | | | |
| OWNER: | | Eastman Kodak Company | | | | | |
| Address: | | 2400 Mt. Read Blvd. | | | | | |
| City: | | Rochester | | State: New York | | Zip: 14650-3013 | |
| Contact: | | Timothy Caufield | | | | Tel: (585) 722-2525 | |
| REMOVAL CONTRACTOR: | | AAC Contracting Inc. | | | | | |
| Address: | | 175 Humbolt St. | | | | | |
| City: | | Rochester | | State: New York | | Zip: 14609 | |
| Contact: | | Craig Everhart | | | | Tel: (585) 527-8000 ext. 122 | |
| OTHER OPERATOR: | | | | | | | |
| Address: | | | | | | | |
| City: | | | | State: | | Zip: | |
| Contact: | | | | | | Tel: | |
| III. TYPE OF OPERATION (D = Demolition/R = Renovation) : R | | | | | | | |
| IV. IS ASBESTOS PRESENT? (yes/no): YES | | | | | | | |
| V. FACILITY DESCRIPTION (include building name, number and floor or room number): | | | | | | | |
| Bldg. Name: | | Kodak Park | | Floor | | Room | |
| Address: | | 1669 Lake Ave. 14652 | | | | | |
| Address: | | exterior brine lines between bldgs | | | | | |
| City: | | Rochester | | State: New York | | County: Monroe | |
| Site Location: | | | | | | | |
| Building Size: | | Sq. Ft: | | # of Floors: | | Sq. Meter | |
| Present Use: | | Age in Years: | | Prior Use: | | | |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis. | | | | | | | |
| VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: | | | | | | | |
| | | | | RACM to be Removed | | Category I | |
| Pipes - Linear Feet | | | | 22000 | | | |
| Pipes - Linear Meters | | | | | | | |
| Surface Area - Square Feet | | | | 2000 | | | |
| Surface Area - Square Meters | | | | | | | |
| Volume RACM off Facility Component-Cubic Feet | | | | | | | |
| Volume RACM off Facility Component-Cubic Meter | | | | | | | |
| VIII. SCHEDULED DATES OF ASBESTOS REMOVAL | | | | | | | |
| | | | | Start: 1/2/2015 | | Completion 12/31/2015 | |
| IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: | | | | | | | |
| | | | | Start: | | Completion | |
| X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56. | | | | | | | |
| XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT | | | | | | | |

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags , negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE TRANSPORTER #1

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|-----------------|-------------------------------------|------------|-----------------------|
| Name: | Waste Management - Rochester | | |
| Address: | 1661 Mt. Read Blvd. | | |
| City: | Rochester | State: | New York |
| Contact Person: | Sue Rossi | Zip: | 14606 |
| | | Telephone: | (716) 254-7574 |

WASTE TRANSPORTER #2

| | | | |
|-----------------|--|------------|--|
| Name: | | | |
| Address: | | | |
| City: | | State: | |
| Contact Person: | | Zip: | |
| | | Telephone: | |

XIII. WASTE DISPOSAL SITE

| | | | |
|------------|-----------------------------|--------|-----------------|
| Name: | Mill Street Landfill | | |
| Address: | 303 Brew Rd. | | |
| City: | Bergen | State: | New York |
| Telephone: | | Zip: | 14416 |

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

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|---------------------------|--|------------------------|--|
| Name: | | Title | |
| Authority: | | | |
| Date if Order (MM/DD/YY): | | Date Ordered to Begin: | |

XV. FOR EMERGENCY RENOVATIONS

| | |
|--|--|
| Date and Hour of Emergency (MM/DD/YY): | |
| Description of the Sudden, Unexpected Event: | |

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

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Timothy C. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Timothy C. Caulfield
Signature of Owner/Operator

December 15, 2014
Date

| | | | | | | | |
|--|--|--|--|--------------------|--|-------------------------|--|
| Operator Project | | Postmark | | Date Received | | Notification | |
| I. TYPE OF NOTIFICATION (O = Original / R = Revised) : | | | | O | | 2015.12.21.13474 | |
| II. FACILITY INFORMATION (identify owner, removal contractor, and other operator) | | | | | | | |
| OWNER: | | Eastman Kodak Company | | | | | |
| Address: | | 2400 Mt. Read Blvd. | | | | | |
| City: | | Rochester | | State: | | New York | |
| Contact: | | Timothy Caufield | | Zip: | | 14650-3013 | |
| | | | | Tel: | | (585) 722-2525 | |
| REMOVAL CONTRACTOR: | | AAC Contracting Inc. | | | | | |
| Address: | | 175 Humbolt St | | | | | |
| City: | | Rochester | | State: | | New York | |
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| OTHER OPERATOR: | | | | | | | |
| Address: | | | | | | | |
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| IV. IS ASBESTOS PRESENT? (yes/no): YES | | | | | | | |
| V. FACILITY DESCRIPTION (include building name, number and floor or room number): | | | | | | | |
| Bldg. Name: | | Kodak Park | | Floor | | Room | |
| Address: | | 1669 Lake Ave. 14652 | | | | | |
| Address: | | Exterior chilled water lines between bldgs | | | | | |
| City: | | Rochester | | State: | | New York | |
| Site Location: | | | | County: | | Monroe | |
| Building Size: | | Sq. Ft: | | # of Floors: | | Sq. Meter | |
| Present Use: | | Age in Years: 71 | | Prior Use: | | | |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The analysis was performed by Polarized Light Microscopy (PLM) analysis. Selected non-organically bound materials that were reported by PLM analysis to be non-asbestos containing were subsequently analyzed by Transmission Electron Microscopy (TEM) analysis. | | | | | | | |
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| | | | | RACM to be Removed | | Category I | |
| Pipes - Linear Feet | | | | 32000 | | Category II | |
| Pipes - Linear Meters | | | | | | | |
| Surface Area - Square Feet | | | | 2000 | | | |
| Surface Area - Square Meters | | | | | | | |
| Volume RACM off Facility Component-Cubic Feet | | | | | | | |
| Volume RACM off Facility Component-Cubic Meter | | | | | | | |
| VIII. SCHEDULED DATES OF ASBESTOS REMOVAL | | | | | | | |
| | | | | Start: | | Completion | |
| | | | | 1/2/2015 | | 12/31/2015 | |
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XII. WASTE TRANSPORTER #1

Name: **Waste Management - Rochester**

Address: **1661 Mt. Read Blvd.**

City: **Rochester** State: **New York**

Zip: **14606**

Contact Person: **Sue Rossi**

Telephone: **(716) 254-7574**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: **Mill Street Landfill**

Address: **303 Brew Rd.**

City: **Bergen**

State: **New York**

Zip: **14416**

Telephone:

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

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Title

Authority:

Date if Order (MM/DD/YY):

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Timothy C. Caulfield
Signature of Owner/Operator

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